

APPLICATION FOR UNITED STATES POWER OF ATTORNEY
Declaration and Power of Attorney

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As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name; that

I verily believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

1 Capacitor and Its Manufacturing Method

described and claimed in the specification:

Check one:

*a. ☒ attached hereto.

b. ☐ filed on _____ as Application Serial No. _____ and amended on _____:
(if applicable)

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information of which I am aware which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations, §1.56(a). Under Title 35 U.S. Code §119, the priority benefits of the following foreign application(s) filed within one year prior to this application are hereby claimed.

Japanese Patent Applications No.10-110448 filed April 21, 1998 and No.10-188644 filed July 3, 1998

The following applications for patent or inventor's certificate on this invention were filed in countries foreign to the United States of America either (a) more than one year prior to this application, or (b) before the filing date of the above-named foreign priority application(s):

2 If there are no corresponding applications, insert "NONE." None

I hereby appoint the following as my attorneys of record with full power of substitution and revocation to prosecute this application and to transact all business in the Patent Office:

Roger W. Parkhurst, Reg. No. 25,177; Charles A. Wendel, Reg. No. 24,453; and/or Lawrence D. Eisen, Reg. No. 41,009

ALL CORRESPONDENCE IN CONNECTION WITH THIS APPLICATION SHOULD BE SENT TO:
PARKHURST & WENDEL, L.L.P., 1421 Prince Street, Suite 210, Alexandria, Virginia 22314-2805.
Telephone: (703) 739-0220.

I hereby declare that I have reviewed and understand the contents of this Declaration, and that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

3 Typewritten Full Name of

Sole or First Inventor Toshiharu Saito
Given Name Middle Initial Family Name)

*4 Inventor's Signature Toshiharu Saito

5 Date of Signature April 14, 1999
Month Day Year

6 Residence Osaka-shi Osaka Japan
City State or Province Country

7 Citizenship Japanese

8 Post Office Address
(Insert complete mailing address, including country) 6-14-C-1112, Sekime
Ito-ku, Osaka-shi, Osaka, 536-0008 JAPAN

*This form may be executed only when attached to the specification (including claims) at the end thereof if Box a. is checked.

**Note to inventor. Please sign name on line 4 exactly as it appears in line 3 and insert the actual date of signing on line 5.

IF THERE IS MORE THAN ONE INVENTOR, USE PAGE 2 AND PLACE AN "X" HERE ☒

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PAGE 2 OF U.S.A. DECLARATION FORM
(Discard This Page in a Sol Inventor Application)

3 Typewritten Full Name of
Second Inventor

Motoi

Given Name

Middle Initial

Kitano

Family Name

*4 Inventor's Signature

Motoi

Kitano

5 Date of Signature

April 14, 1999

6 Residence

Month

Day

Year

Kawanishi-shi

Hyogo

Japan

City

State or Province

Country

7 Citizenship

Japanese

8 Post Office Address

(Insert complete mailing

1-5-82, Seiwadai, Kawanishi-shi

address, including country)

Hyogo, 666-0143 Japan

3 Typewritten Full Name of
Third Inventor

Mutsuaki

Given Name

Middle Initial

Murakami

Family Name

*4 Inventor's Signature

Mutsuaki

Murakami

5 Date of Signature

April 14, 1999

6 Residence

Month

Day

Year

Machida-shi

Tokyo

Japan

City

State or Province

Country

7 Citizenship

Japanese

8 Post Office Address

(Insert complete mailing

1-18-23, Miwamidoriyama

address, including country)

Machida-shi, Tokyo, 195-0055 Japan

3 Typewritten Full Name of
Fourth Inventor

Given Name

Middle Initial

Family Name)

*4 Inventor's Signature

5 Date of Signature

6 Residence

Month

Day

Year

City

State or Province

Country

7 Citizenship

8 Post Office Address

(Insert complete mailing

address, including country)

3 Typewritten Full Name of
Fifth Inventor

Given Name

Middle Initial

Family Name)

*4 Inventor's Signature

5 Date of Signature

6 Residence

Month

Day

Year

City

State or Province

Country

7 Citizenship

8 Post Office Address

(Insert complete mailing

address, including country)

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IF THERE IS MORE THAN ONE INVENTOR, USE PAGE 3 AND PLACE AN "X" HERE ☐